

Food and Drug Administration 2098 Gaither Road Rockville MD 20850

APR 2 2003

Mr. Brys C. Myers Manager, Regulatory Affairs INOVA Diagnostics, Inc. 10180 Scripps Ranch Boulevard San Diego, CA 92131-1234

Re:

k024334

Trade/Device Name: QUANTA LiteTM H.pylori IgA ELISA

Regulation Number: 21 CFR 866.3110

Regulation Name: Campylobacter Fetus Serological Reagents

Regulatory Class: Class I Product Code: LYR Dated: December 23, 2002 Received: December 26, 2002

Dear Mr. Myers:

This letter corrects our substantially equivalent letter of March 27, 2003, regarding the QUANTA LiteTM *H. pylori* IgA ELISA. The revised Indications for use are enclosed.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

Page 2 -

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (301) 594-3084. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Steven I. Gutman, M.D., M.B.A.

Director

Office of In Vitro Diagnostic Device

Steven Butman

Evaluation and Safety

Center for Devices and

Radiological Health

Enclosure

		Page of	
510(k) Number (if known):	024334		
Device Name: QUANTA Lite [™] F	H.pylori IgA E	<u>ELISA</u>	
Indications For Use:			
The QUANTA Lite TM <i>H. pylori</i> IgA kit is for the qualitative detection of IgA antiberum. This test is intended to aid in the 18 years or older with clinical signs and QUANTA Lite TM <i>H. pylori</i> IgA should be the QUANTA Lite TM <i>H. pylori</i> IgG for the	bodies to <i>H. py</i> ne diagnosis of d symptoms of	<i>ylori (Helicobacter pylori)</i> in human f <i>H. pylori</i> infection in adult patients f gastrointestinal disease. The	ĺ
(PLEASE DO NOT WRITE BELOW TH NEEDED) —————————————————————————————————	HIS LINE-CON	ITINUE ON ANOTHER PAGE IF	
Concurrence of CDF	RH, Office o	of Device Evaluation (ODE)	
(Division Sign-Off) Division of Clinical Laborate 510(k) Number \(\lambda \)			
Prescription Use (Per 21 CFR 801.109)	OR	Over-The-Counter Use	

(Optional Format 1-2-96)